

Foster Family Home - Corrective Action Report

Provider ID: 1-140076

Home Name: Emil Novesteras Jr., CNA

94-277 Paiwa Street

Waipahu HI 96797

Review ID: 1-140076-5

Reviewer: David Ayling

Begin Date: 10/29/2018

End Date: 10/30/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/29/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date